United Nations E/ICEF/1999/P/L.25

# Economic and Social Council

Distr.: Limited
13 July 1999

Original: English

**United Nations Children's Fund**
Executive Board
**Second regular session 1999**
7–10 September 1999
Item 9 of the provisional agenda*

*For action*

## Recommendation for funding for a short-duration country Programme**

### Haiti

*Summary*

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Haiti with a duration of two years to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $3,902,000 from general resources, subject to the availability of funds, and $7,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 2000 to 2001.

* E/ICEF/1999/15

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1998. They will be contained in the "Summary of 1999 recommendations for general resources and supplementary funding programmes" (E/ICEF/1999/P/L.16)

99-20721 (E) 280799

## Basic data

| (1997 unless otherwise stated) | |
|---|---|
| Child population (millions, under 18 years) | 3.9 |
| U5MR (per 1,000 live births) | 132 |
| IMR (per 1,000 live births) | 92 |
| Underweight (% moderate and severe) (1995) | 28 |
| Maternal mortality rate (per 100,000 live births) | .. |
| Literacy (% male/female) (1995) | 47/41 |
| Primary school enrolment (% net, male/female) (1990) | 25/26 |
| Primary school children reaching grade 5 (%) (1990) | 47 |
| Access to safe water (%) (1995) | 37 |
| Routine EPI vaccines financed by Government (%) (1995) | 0 |
| GNP per capita (US$) | 330 |
| One-year-olds fully immunized against: | |
| tuberculosis | 40 per cent |
| diphtheria/pertussis/tetanus | 35 per cent |
| measles | 30 per cent |
| poliomyelitis | 32 per cent |
| Pregnant women immunized against tetanus | 38 per cent |

## The situation of children and women

1. The prolonged social and political crises affecting Haiti have made it one of the poorest countries in the western hemisphere despite the fact that poverty alleviation and human rights have been declared political priorities. Since the return of constitutional institutions in 1994, efforts have been made to create a state of rights (freedom of speech, the creation of a national police force to replace the army, etc.). However, since June 1997, persistent confrontations between the legislative and executive branches have resulted in the stagnation of economic and social initiatives, and growing insecurity. This environment has stimulated out-migration and has affected the country's ability to maintain the comparatively high levels of external assistance seen at the beginning of the restoration of constitutional rule, i.e from $74 per caput in 1995 (30 per cent of the total income per caput) to a 1998 estimate of less than $47 in 1997. Democratic institutionalization remains a national goal.

2. Inaccessibility and the poor quality of basic services (primary health care (PHC), basic education, etc.) and Government's low absorptive capacity owing to the absence of qualified human resources, are the main reasons for the lack of progress in ensuring the survival, protection and development of Haitian children and women during 1998–1999. The under-five mortality rate is currently estimated at 134 per 1,000 live births, up from 124 in 1995; one third of children are born with low birth weight; and only 37 per cent of the population have access to safe drinking water, a rate that has not improved in recent years. A recent independent, yet unconfirmed, estimate puts the maternal mortality rate (MMR) at 457 per 100,000, probably the highest in the western hemisphere. With regard to immunization, coverage with anti-tuberculosis vaccine was 40 per cent in 1997, down from 68 per cent in 1995; and measles vaccination levels, hovering at 30 per cent for the last three to four years, make Haiti a candidate for sudden epidemics. In education, net primary enrolment for both boys and girls barely reaches 25 per cent, while illiteracy for both sexes remains stagnant at 45 per cent. Life expectancy has diminished from 58 years in 1995 to 54 years in 1997. The gross national product per capita is estimated to have increased from $250 in 1995 to around $300 by 1998. In that year, the Human Development Index placed Haiti at the 159th position, down from 124 in 1990.

## Programme cooperation, 1998–1999

3. The 1998–1999 bridging programme continued the work towards achieving the 1995–1997 objectives of the

previous programme which included: (a) reducing under-five morbidity and mortality; (b) contributing to the reduction of MMR; (c) improving the hygiene conditions of poor populations in four selected areas; (d) contributing to the development of a flexible, well-adapted basic education system for 6- to 15-year-olds; (e) advocating for the direct involvement of communities in solving their own priority problems; and (f) promoting children's rights and gender equity. Operationally, the current programme adopted a strategy of greater convergence, away from fragmented and specific emergency interventions.

4. The programme: (a) supported capacity-building activities in rural areas (North-western Department) and suburban zones (16 slum areas of Port-au-Prince) through education, health and community empowerment projects; (b) strengthened partnerships with government agencies, non-governmental organizations (NGOs) and civil society associations through their increased participation in all phases of planning and monitoring processes; (c) obtained supplies, including vaccines valued at 39 per cent of total financial implementation, to be transferred to the funding of other cooperating agencies; (d) initiated experimental community-based projects in nutrition (mango-drying for supplementation with vitamin A), in community improvement (small-credit schemes) and in education (innovative formal and non-formal activities in 50 schools).

## Lessons learned

5. Among the major constraints to programme implementation were: (a) the high turnover of government counterparts determined by the political environment described above; (b) insufficient implementation capacity of most counterparts; (c) the large number of projects and objectives forming the basis of the programme, inherited from a much larger financial base in the earlier years of the current programme; and (d) internal office restructuring and staff turnover.

6. The annual review of the 1998 programme of cooperation revealed that programme implementation had been slower than expected, due partly to the above factors, but also to a non-supportive political environment which limited intersectoral policies, thus depriving interventions of their multiplier effects. The review recommended that national capacity-building be systematically reinforced and closely monitored, while reducing the number of projects and objectives, focusing on their communication aspects to achieve behavioural change and sustainability.

7. Another powerful lesson learned was the sensitivity of national processes to the perception of the donor community. The level of supplementary funding for the rehabilitation programme in 1995–1996 was exceptional and could not be maintained. Thus, supplementary funding estimates, which were highly overestimated for 1998–1999, have now been halved in the proposed programme.

# Recommended programme cooperation, 2000–2001

## Estimated annual expenditure

## (In thousands of United States dollars)

| | *2000* | *2001* | *Total* |
|---|---|---|---|
| General resources | | | |
| Health and nutrition | 550 | 550 | 1 100 |
| Basic education | 351 | 351 | 702 |
| Empowerment of communities and local governments | 350 | 350 | 700 |
| Children's and women's rights | 200 | 200 | 400 |
| Cross-sectoral costs | 500 | 500 | 1 000 |
| **Subtotal** | **1 951** | **1 951** | **3 902** |
| Supplementary funds | | | |
| Health and nutrition | 1 000 | 1 000 | 2 000 |
| Basic education | 1 500 | 1 500 | 3 000 |
| Empowerment of communities and local governments | 300 | 300 | 600 |
| Children's and women's rights | 700 | 700 | 1 400 |
| **Subtotal** | **3 500** | **3 500** | **7 000** |
| **Total** | **5 451** | **5 451** | **10 902** |

## Programme preparation process

8. Despite the fact that the preceding programmes were bridging programmes, it was decided by UNICEF and Government of Haiti to prepare a new bridging programme for 2000–2001 for the following reasons: (a) the socio-political crisis had generated a blockage of all institutions, the Government resigned in June 1997, the head of State dismissed the Parliament in January 1999, a provisional Government was installed in March 1999 and the priority mandate of the new Government is to organize the legislative elections by the end of 1999; and (b) United Nations Development Group agencies have reached an agreement to harmonize their programme cycles in 2002 in light of the Common Country Assessment/United Nations Development Assistance Framework (UNDAF) process.

## Programme objectives and strategies

9. In view of the commitments towards achievement of the goals of the World Summit for Children, the proposed bridging programme will focus on more specific programme priorities than in the previous programme. It will combine major health interventions on a national scale, complementing the assistance of other cooperating agencies, together with ongoing experimental activities concentrated in two zones — the North-West Department and the peripheral areas of Port-au-Prince — benefiting approximately 950,000 inhabitants (13 per cent of the population). The programme objectives include: (a) achievement of a minimum of 80 per cent coverage with the expanded programme on immunization and vitamin A supplementation nationwide; (b) development of integrated community-based activities in child health, nutrition, sanitation and hygiene by making available a set of a minimum health care package in 100 per cent of the institutions in the concentration zone; (c) support to operational research and institutional capacity-building of national institutions for the reduction of mother-to-child transmission of HIV/AIDS; (d) development of innovative approaches to access to basic education, education quality and learning environment; and (e) development of community awareness of their present situation and their capacity to analyse and solve these development problems by community empowerment and the promotion of children's and women's rights. The programme will pursue advocacy efforts to maintain the purchase of PHC inputs by government and bilateral funding and to guarantee the financing and extension of pilot interventions.

### Health and nutrition

10. This programme will maintain national-level, survival-oriented activities in cooperation with other partners (the World Health Organization/Pan American Health Organization (WHO/PAHO), the United Nations Population Fund (UNFPA), the Joint and Co-sponsored United Nations Programme on HIV/AIDS, the United States Agency for International Development (USAID), the Inter-American Development Bank (IDB) and the World Bank). Increased immunization coverage (especially for measles and poliomyelitis), the prevention of HIV/AIDS transmission, the reduction of maternal mortality, micronutrient activities (iodine, vitamin A) and breastfeeding promotion will be the top priorities. Assistance will be provided to develop a complementary national communication strategy. A model for improved access to quality basic health services with increased community participation will continue in two areas of concentration areas which will be assessed during the programme period and replicated accordingly. Strengthening institutional capacities and the geographic replication capability will be the key operational interventions.

### Basic education

11. This programme will continue to focus on the priorities of the previous programme, including: (a) improvement of the quality of basic education through the introduction of innovative pedagogic methodologies; the integration of life skills in the curriculum (in cooperation with UNFPA); monitoring of children's knowledge acquisition (in cooperation with the United Nations Educational, Scientific and Cultural Organization (UNESCO); and development of a community approach for early childhood care, survival, growth and development; and (b) the development of non-formal basic education with a curriculum that will be adapted for out-of-school children. Institutional replication will receive special attention. Along with UNESCO and UNFPA, the programme will be implemented in consultation with French Cooperation, USAID and IDB (girls' education and pedagogic innovations).

### Empowerment of communities and local governments

12. The programme will continue participatory microplanning activities in the two areas of concentration. There will be a special emphasis on a culturally sensitive communication strategy, including language, for behavioural change. Assistance to local governments will be increased in line with the next electoral process (2000), in close cooperation with the United Nations Development Programme (UNDP). The programme will maintain micro-credit schemes for women, as well as pilot water and sanitation actions to stimulate community participation and self-sustainability.

### Children's and women's rights

13. The programme will focus on the promotion of children rights along four concrete lines of action that stress responsible political governance: (a) advocacy with decision makers for the development and application of laws based on international conventions ratified by Haiti; (b) monitoring implementation of these laws; (c) sensitization of the public at large, and women and children in particular, concerning rights and eventual violations through the media and traditional communication channels; and (d) reinforcement of institutional capacities concerning juvenile justice.

### Programme management

14. The Ministry of Planning and Foreign Cooperation will be responsible for programme coordination, with close technical assistance from the UNICEF Port-au-Prince office. Technical departments and NGOs will jointly implement programmes and project components.

15. Within the framework of management excellence, which emphasizes attention to staff morale and on-the job training, the country office will develop annual management plans.

16. Implementation of an integrated monitoring and evaluation plan will strengthen programme activities benefiting children and women at institutional and community levels. Sector-related information systems will be strengthened in coordination with those of WHO/PAHO, UNESCO, UNDP and USAID in order to regularly update and monitor the situation of children and women. Progress towards the achievement of the decade goals will be evaluated through such mechanisms as the Demographic and Health Survey, the national census and a multiple indicator cluster survey.

17. Within the framework of United Nations reform, especially UNDAF, close cooperation with United Nations agencies will induce qualitative improvement of databases,

their analysis and the design of convergent interventions, particularly with WHO/PAHO, UNESCO, UNFPA, UNDP and the *Mission civile internationale en Haiti*.

18. The multi-year resource mobilization plan developed since 1999 will be monitored closely and updated periodically. This plan includes diversified activities, including: field visits to project sites with donor representatives; the participation of local donors in planning and evaluation activities; the production and dissemination of communication materials on projects; the development of quality proposals and timely and substantive reporting; and the identification of private sponsors for mass media-oriented activities. Advocacy efforts with the local international community will be enhanced by regional and global actions being developed by the Americas and the Caribbean Regional Office and New York headquarters.

COUNTRY : HAITI
PROGRAMME : 2000-2001

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

| PROGRAMME SECTION/AREAS AND FUNDING SOURCE | PROGRAMME BUDGET | | | | POSTS a/ | | | | | | | | | | STAFF COSTS b/ | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | GR | FSF | NSF | TOTAL | D2/L7 | D1/L6 | P/L5 | P/L4 | P/L3 | P/L2 | IP | NP | GS | TOTAL | IP | LOCAL | TOTAL |
| GENERAL RESOURCES : | | | | | | | | | | | | | | | | | |
| HEALTH-NUTRITION | 1,100,000 | | | 1,100,000 | 0 | 0 | 0 | 0.8 | 0 | 0 | 0.8 | 0 | 1 | 1.8 | 102,270 | 120,713 | 222,983 |
| BASIC EDUCATION | 702,000 | | | 702,000 | 0 | 0 | 0 | 0.3 | 0 | 0 | 0.3 | 1 | 0 | 1.3 | 34,090 | 210,432 | 244,522 |
| EMPOWERMENT OF COMMUNITIES & LG | 700,000 | | | 700,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 254,014 | 254,014 |
| CHILDREN'S AND WOMEN' S RIGHTS | 400,000 | | | 400,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CROSS-SECTORAL COSTS | 1,000,000 | | | 1,000,000 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 2 | 5 | 8 | 266,153 | 416,410 | 682,563 |
| TOTAL GR | 3,902,000 | | | 3,902,000 | 0 | 0 | 0 | 2.1 | 0 | 0 | 2.1 | 5 | 6 | 13.1 | 402,513 | 1,001,569 | 1,404,082 |
| SUPPLEMENTARY FUNDING : | | | | | | | | | | | | | | | | | |
| HEALTH-NUTRITION | | 0 | 2,000,000 | 2,000,000 | 0 | 0 | 0 | 0.3 | 0 | 0 | 0.3 | 2 | 1 | 3.3 | 163,883 | 241,700 | 405,583 |
| BASIC EDUCATION | | 0 | 3,000,000 | 3,000,000 | 0 | 0 | 0 | 0.8 | 0 | 0 | 0.8 | 1 | 1 | 2.8 | 232,063 | 168,775 | 400,838 |
| EMPOWERMENT OF COMMUNITIES & LG | | 0 | 600,000 | 600,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 65,567 | 65,567 |
| CHILDREN'S AND WOMEN' S RIGHTS | | 0 | 1,400,000 | 1,400,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9,448 | 9,448 |
| CROSS-SECTORAL COSTS | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 26,039 | 26,039 |
| TOTAL SF | | 0 | 7,000,000 | 7,000,000 | 0 | 0 | 0 | 1.1 | 0 | 0 | 1.1 | 3 | 5 | 9.1 | 395,946 | 511,529 | 907,475 |
| TOTAL GR & SF | 3,902,000 | 0 | 7,000,000 | 10,902,000 | 0 | 0 | 0 | 3.2 | 0 | 0 | 3.2 | 8 | 11 | 22.2 | 798,459 | 1,513,098 | 2,311,557 |
| SUPPORT BUDGET | | | Operating costs<br>Staffing | 380,200 | 0 | 0 | 1 | 2 | 0 | 0 | 3 | 2 | 8 | 13 | 825,615 | 875,642 | 1,701,257 |
| GRAND TOTAL (GR + SF + SB) | | | | | 0 | 0 | 1 | 5.2 | 0 | 0 | 6.2 | 10 | 19 | 35.2 | 1,624,074 | 2,388,740 | 4,012,814 |
| | Number of posts and staff costs:<br>Current programme cycle<br>At the end of proposed programme cycle (indicative only) | | | | | | | | | | 6<br>6.2 | 15<br>10 | 23<br>19 | 44<br>35.2 | 1,624,074 | 2,388,740 | 4,012,814 |

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = International Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.